

## Part I General Information

- 1 Name of organization  
FRIENDS of SHARON Scott 91-2072750 Employer identification number
- 2 Mailing address (P.O. Box or number, street, and room or suite number)  
35845 OAKWOOD LANE  
City or town, state, and ZIP code  
WESTLAND MI 48186
- 3 E-mail address of organization
- APPLIED FOR

Employer identification number

APPLIED FOREIGN

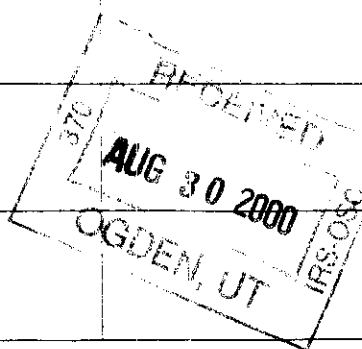
- |   |   |
|---|---|
| 4a Name of custodian of records<br>THEODORE SCOTT   | 4b Custodian's address<br>35845 OAKWOOD LANE<br>WESTLAND, MI 48186      |
| 5a Name of contact person<br>THEODORE SCOTT   | 5b Contact person's address<br>35845 OAKWOOD LANE<br>WESTLAND, MI 48186 |
| 6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number<br><br>City or town, state, and ZIP code |   |

<b>Part II</b>	<b>Purpose</b>
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- 7 Describe the purpose of the organization  
Election committee for state representative  
candidate in order to raise money for the election.  
received contributions and make expenditures for an  
exempt function.

**Part III** List of All Related Entities (see instructions)

- [illegible]



**Part IV** List of All Officers, Directors, and Highly Compensated Employees (see instructions)

9a Name

9b Title

9c Address

SHARON P. Scott

CANDIDATE

35845 OAKWOOD LANE  
WESTLAND, MI 48186

THEODORE SCOTT

TREASURER

35845 OAKWOOD LANE  
WESTLAND MI 48186

PLEASE SEND FORM  
8372 and  
instructions

W. T. Scott

35845 APPROX NW  
WEST/AND MI  
43182

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

**Sign  
Here**

Signature of authorized official

Date \_\_\_\_\_



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